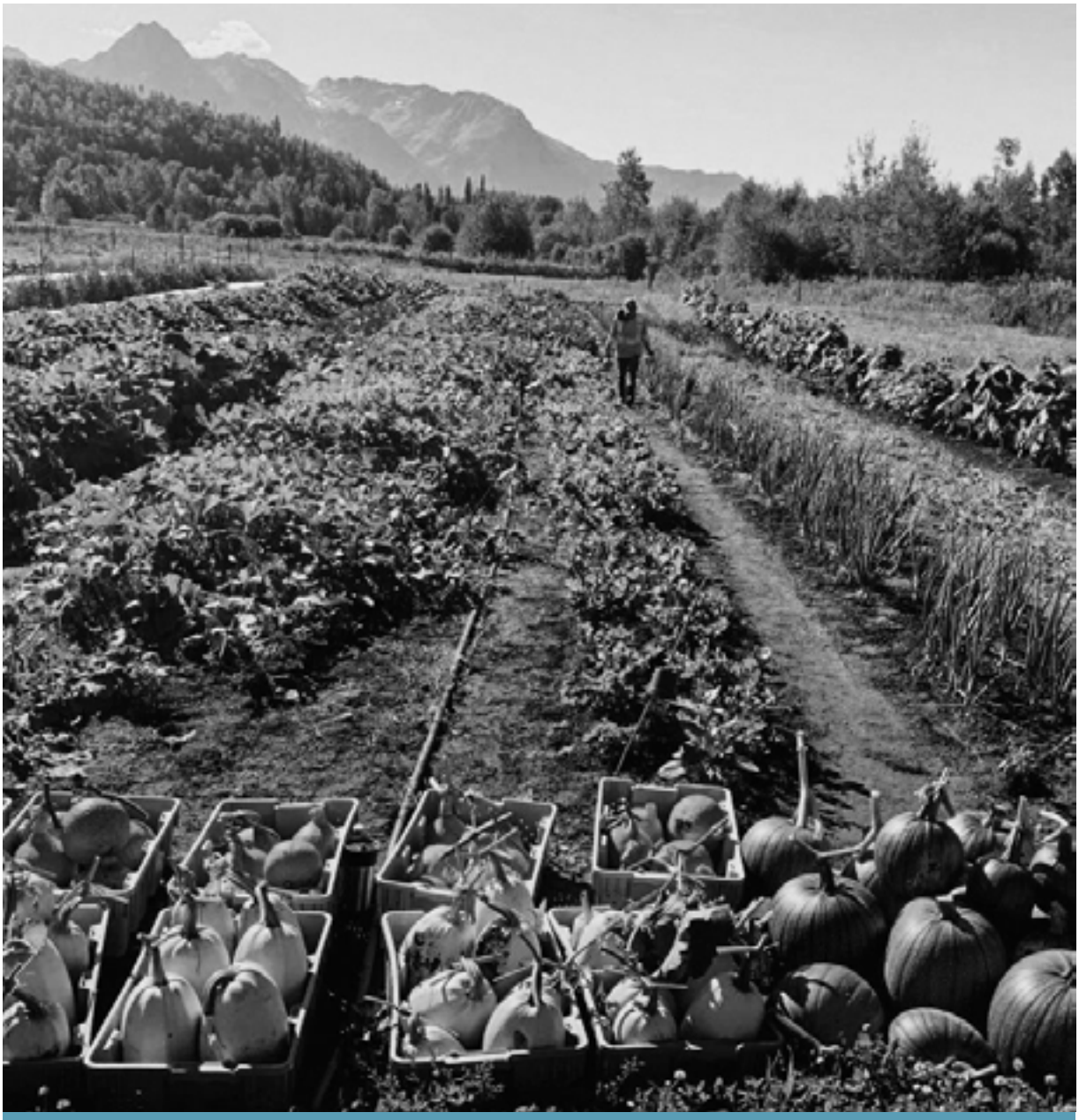
Native Women's Association of Canada

L'Association des femmes autochtones du Canada

POLICY BRIEF

HEALTH INEQUITIES IN RURAL AND REMOTE INDIGENOUS COMMUNITIES



HEALTH INEQUITIES IN RURAL AND REMOTE INDIGENOUS COMMUNITIES

The Native Women's Association of Canada (NWAC) envisions a world where Indigenous women, girls, Two-Spirit, transgender, and gender-diverse people living in remote and reserve communities have access to adequate local healthcare services—free of discrimination.

EXECUTIVE SUMMARY:

One's health is determined by access to education, employment, living conditions, socioeconomic conditions and, most importantly, access to health care services and practitioners. To understand health inequalities experienced by Indigenous Peoples, it is important to contextualize them in historical, political, social, and economic conditions that have shaped access to health care and conditions in Indigenous communities. Indigenous communities have traditionally viewed health as a connection between spiritual, emotional, mental, and physical elements. However, Indigenous health has been negatively affected through loss of culture, racism, stigmatization, loss of connection to the land and environment, and the overall loss of spiritual, emotional, mental, and physical identity.

The colonial structure has been responsible for destabilizing health in Indigenous communities, especially through the displacement and forced relocations of Indigenous people to remote and/or rural communities. Additionally, colonial effects of Residential Schools, Sixties Scoop, and systemic discrimination Indigenous Peoples face in social, criminal justice, health care, living conditions, food insecurities, and socioeconomic conditions, have affected overall health. This has resulted in disproportionate representation of Indigenous Peoples in healthcare statistics.

Rural and remote Indigenous communities face increased challenges to accessing basic healthcare. Many communities do not have sufficient healthcare infrastructure and many Indigenous Peoples need to fly to urban centres to receive care. For services available in their communities, there are gaps in resources resulting in nurses having to perform duties outside their legislated scope of practice. Most of these duties are meant to be performed by doctors and specialists, such as prescribing and dispensing drugs, intravenous medications for seizures or heart failures, and performing x-rays. This impacts the quality and availability of healthcare and highlights, once again, the scarcity of resources and quality of care in rural and remote communities.

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NWAC'S ROLE:

NWAC has actively worked with our Provincial Territorial Member Associations (PTMA) and Indigenous women, Two-Spirit, transgender, and gender-diverse people to develop trauma-informed and community-led health care services, programs, and a Knowledge Centre. The following are initiatives NWAC has created to provide healing spaces:

RESILIENCY LODGE:

In 2020, NWAC opened its first Resiliency Lodge in Chelsea, Quebec—an Elder-led healing space for Indigenous women, Two-Spirit, transgender, and gender-diverse people. The Resiliency Lodge provides online and in-person healing services, including Elder-led support, navigation support, guided meditation programs, and healing through art expression, and informational workshops. Through the Resiliency Lodge program, NWAC has provided online workshops and workshop kits to over 12,000 Indigenous women, Two-Spirit, transgender, and gender-diverse people. These programs allow participants to connect with cultural through Traditional Teachings, learning new skills, and connecting with others through beadwork, jewellery making, moccasin making, and much more.

NWAC purchased a second property in 2021 in Wabanaki Territory, New Brunswick. This location will provide land-based healing focusing on agriculture and is expected to open by the end of 2022. This program is the first of its kind in Canada and is led by Indigenous women for Indigenous women, Two-Spirit, transgender, and gender-diverse people. NWAC continues to expand on the Resiliency Lodge programs throughout Canada by working with the PTMA and being informed by Elders.

KNOWING YOUR RIGHTS TOOLKIT:

NWAC created the "Knowing Your Rights Toolkit" to help inform Indigenous women, girls, and gender-diverse people of their rights when navigating healthcare systems. In addition, the toolkit assists in exercising rights to free, prior, and informed consent. The toolkit includes information on:

- Informed Consent: Explore the meaning of free, prior, and informed consent, its application in healthcare, and what to do when it is not followed.
- Patient Rights and Responsibilities: Gain a deeper understanding of rights and responsibilities in the healthcare system to better protect and advocate for oneself.
- How to file a Complaint: Follow a step-by-step tutorial on how to file a complaint with healthcare governing bodies, appeal a decision, and/or seek legal action.
- Birth Control: Delve into birth control options essential to sexual and reproductive health. A deeper understanding of birth control options, their permanency, efficacy, and side effects are vital to informed decision-making.
- Informed Choice and Decision-Making Tool: Understand informed choice and structure decisions around personal knowledge, preferences, and values using the Informed Choice Decision-Making Tool.

CANADA'S ROLE:

The following are initiatives the Government of Canada has taken to improve quality and accessibility of healthcare systems in remote and reserve communities:

LOAN FORGIVENESS FOR DOCTORS AND NURSES IN RURAL AND REMOTE COMMUNITIES:

To address the shortage of nurses and doctors in rural communities, the federal government will provide student loan forgiveness to those working in remote communities. From 2019-2020, 5,500 doctors and nurses have received loan forgiveness. Budget 2022 proposed increasing the number of forgivable loans by providing $26.2 million over four years, starting in 2023-2024, and an ongoing at $7 million per year.

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ABORIGINAL HEAD START ON RESERVE:

The Aboriginal Head Start on Reserve (AHSOR) program aims to enhance child development and school readiness for children living in First Nations communities, on reserve. The AHSOR program focuses on education, health promotion, culture, language, nutrition, social support, and parental family involvement. Amongst other activities, AHSOR focuses on teaching children to establish positive health and wellness habits to improve Indigenous Peoples' abilities to thrive and be healthy. From 2017-2018, 13,000 First Nations children participated in AHSOR, excluding British Columbia.

HEALTH FACILITIES PROGRAM:

In collaboration with Indigenous Service Canada, and First Nations and Inuit communities, The Health Facilities Program aims to provide funding for First Nations and Inuit communities for infrastructure projects on health-related programs and services. The program will fund community health facilities' planning, construction, expansion, renovation, maintenance, and management. Health infrastructure projects include health service buildings, addictions treatment centres, Aboriginal Head Start on Reserve spaces, and residences for healthcare professionals.

BUDGET 2022:

- Reported, $5.3 billion announced since 2015, 131 long-term drinking water advisories have been lifted on reserve as of March 21, 2022.
- Proposes to invest $268 million in 2022-2023 to provide high-quality health care in remote and isolated First Nations communities, on-reserve.
- Proposes to invest $398 million over two years to support community infrastructure on reserve, of which $247 million will be directed toward water and wastewater infrastructure.
- Proposes to provide $2.4 billion over five years to support First Nations housing on reserves.

STATISTICS:

- In the 2016 Statistics Canada (based on the most recent available data), there was a population of 977,230 First Nations individuals, 742,694 of which were registered as First Nations status (Statistics Canada, 2017).
  - o Populations for those living on reserve accounts for 326,785 First Nations.
  - o Health Canada is currently providing approximately 800 nurses for these communities. This provides approximately one nurse per 408 First Nation people. In comparison with the rest of Canada, there are 828 nurses per 100,000 people; or one nurse per 120 people.

- There are more than 600 First Nations communities across Canada with 79 nursing stations and over 195 health centres to serve these communities.
  - o Doctors and specialists are available on-site in these locations for two to 12 days per month. Nurses can consult them by telephone when a doctor or nurse practitioner is unavailable on site.

- Non-Insured Health Benefits (NHIB) covers vision, dental, mental health counselling, medical supplies, prescriptions, and medical transportation. First Nations and Inuit individuals are eligible for NHIB only if registered members are under the Indian Act. Processing time can take up to two years.
  - o In the last three decades, 35,484 people have been denied Indian status because either, one of their parents was registered under section 6(2) of the Indian Act, or otherwise ineligible (Desmarais, 2018).

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RECOMMENDATIONS:

1. The Government of Canada and Health Canada must include culturally-sensitive, responsive courses to train health practitioners in responding to the needs of Indigenous individuals and communities. All health care practitioners must complete mandated courses before serving Indigenous Peoples.

2. The Government of Canada must collaborate with Indigenous women, Two-spirit, transgender, and gender-diverse people, by placing them at the forefront of conversations surrounding health and healthcare services in remote and rural communities.

3. The government of Canada must foster a better relationship with Indigenous women, girls, Two-Spirit, transgender, and gender-diverse to regain trust in healthcare services. Hospital documentation must account for Indigenous women, girls, Two-Spirit, transgender, and gender-diverse people that live on reserve, and in remote and rural communities.

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